

# PERSISTENCE PAYS

AN OVARIAN CANCER GUIDE



DEDICATED EXPERIENCED SUPPORT

**SHARE**

[sharecancersupport.org](http://sharecancersupport.org)

# Symptoms

Ovarian Cancer DOES have symptoms:

- B= bloating;
- E= early satiety or feeling full early;
- A= abdominal/pelvic pain;
- C= changes in bowel or bladder habits;
- H= heightened fatigue

Additional symptoms may include indigestion, back pain, constipation, pain with intercourse or menstrual irregularities.

**See a gynecologist if you have symptoms almost daily for 2 or more weeks, especially if these symptoms are new and not normal for you.**

Your doctor may recommend a pelvic exam, transvaginal ultrasound, or CA-125 blood test.

# Resources

**SHARE Cancer Support:**

Toll-Free 844-ASK-SHARE (844-275-7427)

<https://www.sharecancersupport.org>

**SHARE's HealthUnlocked Online Ovarian Cancer Support Community:**

<https://healthunlocked.com/share-ovarian-cancer-support>

**The Society of Gynecologic Oncology (SGO) Ovarian Survivorship Plan:**

<https://www.sgo.org/wp-content/uploads/2018/06/2018-Ovarian-Cancer-Survivorship-Plan-FWC-SGO.pdf>

**National Comprehensive Cancer Network (NCCN) Guidelines for Patients:**

<https://www.nccn.org/patients/guidelines/content/PDF/ovarian-patient.pdf>

**Ovarian Cancer Research Alliance (OCRA):**

<https://ocrahope.org/>

**Foundation for Women's Cancer:**

<https://www.foundationforwomenscancer.org/>

**National Ovarian Cancer Coalition:**

<https://ovarian.org/>

# PERSISTENCE PAYS

## AN OVARIAN CANCER GUIDE

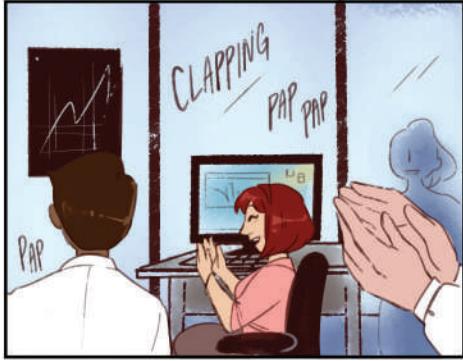
The pages of this novela invite you to follow the stories of three women diagnosed with ovarian cancer. In facing the challenges that come with this serious illness, each woman perseveres and learns the power of advocating for herself. Our characters are fictional, but their stories and emotions reflect the real-life experiences of ovarian cancer survivors who wanted to share their perspectives with you.

Ovarian cancer is rarer than breast cancer or uterine cancer, but despite considerable advances in research that has led to more and better treatments, it is still often diagnosed at later stages. And, even though women diagnosed with late-stage ovarian cancer may be cured or lead lives of good quality keeping their disease in check with periodic treatment, the best defense is knowing the symptoms and being proactive about your health. Until there is a way to prevent ovarian cancer or a screening test that can catch it early, knowledge is your best defense. We hope the stories of Joanna, Patricia, and Hasina are memorable and inspire you to keep routine check-ups, report symptoms, and persist until a correct diagnosis is reached.



WE'RE GOING TO MISS YOU JOANNA,

BUT WE CONGRATULATE YOU ON STARTING YOUR OWN ACCOUNTING BUSINESS.



THANK YOU! MY MOM ALWAYS WANTED TO SEE HER KIDS DO WELL. I ONLY WISH SHE WERE HERE TO SEE THIS.

SHE WOULD BE SO PROUD OF YOU.



I'VE BEEN SO BLOATED LATELY. I'LL HAVE SOME MINT TEA AND SEE IF IT HELPS.

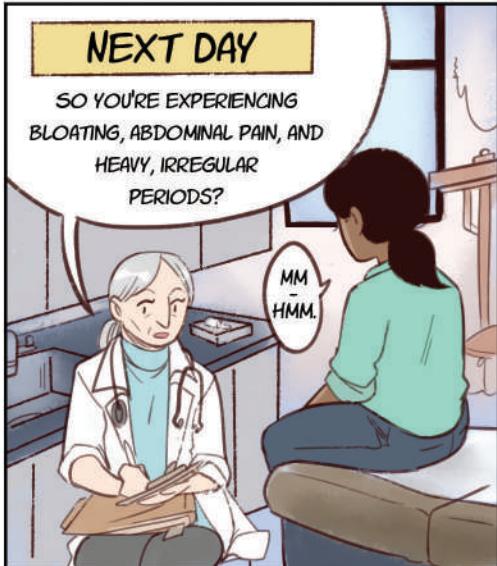


I THOUGHT I WAS GETTING MY PERIOD, BUT THIS ABDOMINAL PAIN HAS BEEN GOING ON FOR TWO WEEKS NOW.

OH NO! YOU SHOULD TELL YOUR DOCTOR.



I CAN'T MAKE IT TONIGHT.



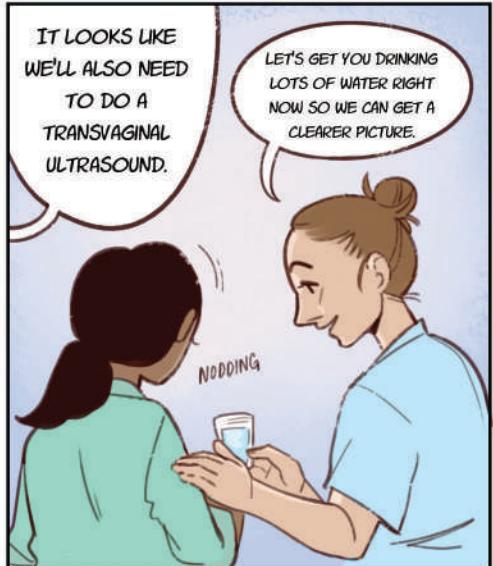
NEXT DAY

SO YOU'RE EXPERIENCING BLOATING, ABDOMINAL PAIN, AND HEAVY, IRREGULAR PERIODS?

MM HMM.



I'LL DO A PELVIC EXAM AND A GENERAL PHYSICAL EXAM.



IT LOOKS LIKE WE'LL ALSO NEED TO DO A TRANSVAGINAL ULTRASOUND.

LET'S GET YOU DRINKING LOTS OF WATER RIGHT NOW SO WE CAN GET A CLEARER PICTURE.

NODDING

GYNECOLOGIST'S OFFICE

SO YOUR TRANSVAGINAL ULTRASOUND SHOWS A SUSPICIOUS-LOOKING MASS. I'D LIKE YOU TO SEE A SPECIALIST.



WE ARE CONCERNED THIS MAY BE OVARIAN CANCER, BUT WE'LL HAVE TO PERFORM SURGERY TO BE SURE.



AMÁ SAW AN ONCOLOGIST FOR HER BREAST CANCER. I HAVE A FAMILY HISTORY OF CANCER, BUT I'M ONLY 38.

I AM REFERRING YOU TO A GYNECOLOGIC ONCOLOGIST.  
DO YOU HAVE ANY QUESTIONS?



I CAN'T BELIEVE THIS IS HAPPENING. I THOUGHT I HAD MORE TIME TO DECIDE. I WON'T BE ABLE TO HAVE CHILDREN, RIGHT?



IF NECESSARY, YOU'LL DISCUSS FERTILITY-SPARING MEASURES WITH YOUR GYNECOLOGIC ONCOLOGIST.



I KNOW THIS IS A LOT AND THE TIMING SUCKS, BUT PEOPLE DO LIVE THROUGH THESE EXPERIENCES AND YOU CAN TOO. KEEP GOING.

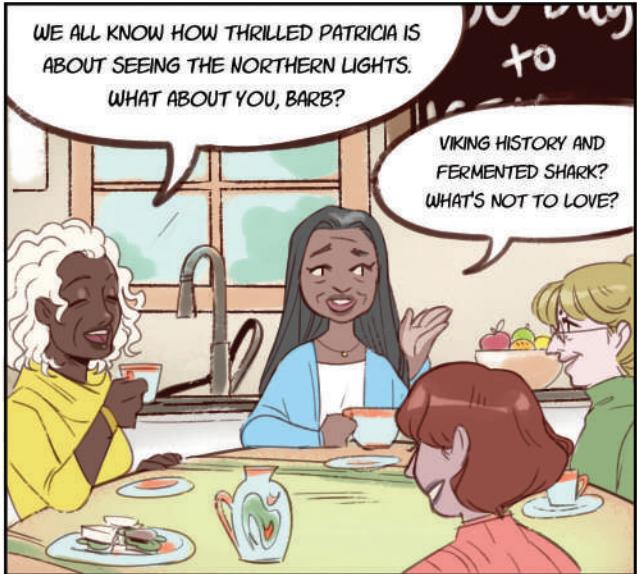
I'M HERE FOR YOU, WHATEVER YOU NEED ME TO DO.





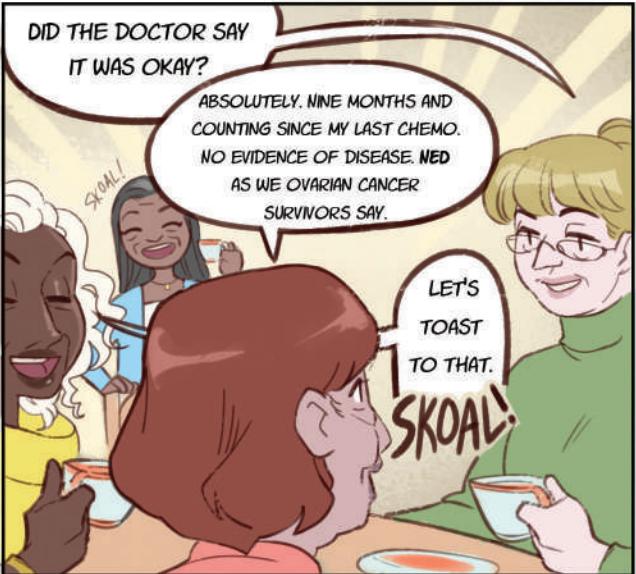
MEANWHILE, IN CALIFORNIA

60 Days to ICELAND



WE ALL KNOW HOW THRILLED PATRICIA IS ABOUT SEEING THE NORTHERN LIGHTS. WHAT ABOUT YOU, BARB?

VIKING HISTORY AND FERMENTED SHARK? WHAT'S NOT TO LOVE?



DID THE DOCTOR SAY IT WAS OKAY?

ABSOLUTELY. NINE MONTHS AND COUNTING SINCE MY LAST CHEMO. NO EVIDENCE OF DISEASE. NED AS WE OVARIAN CANCER SURVIVORS SAY.

LET'S TOAST TO THAT. SKOAL!



DAYS LATER

WHAT'S THE MATTER? I THOUGHT YOU WERE HUNGRY.

I WAS. I GET FULL SO QUICKLY LATELY.

WELL, DON'T FORCE YOURSELF. WE'LL TAKE IT HOME.

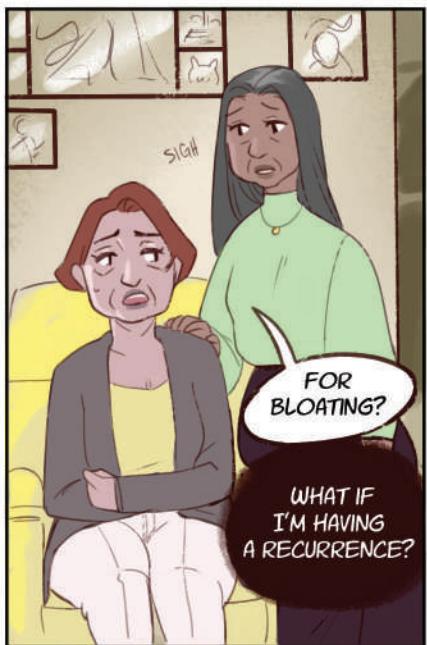


WEEKS LATER

LET'S GO. THE FLEA MARKET AWAITS.

I CAN'T. I FEEL SO BLOATED.

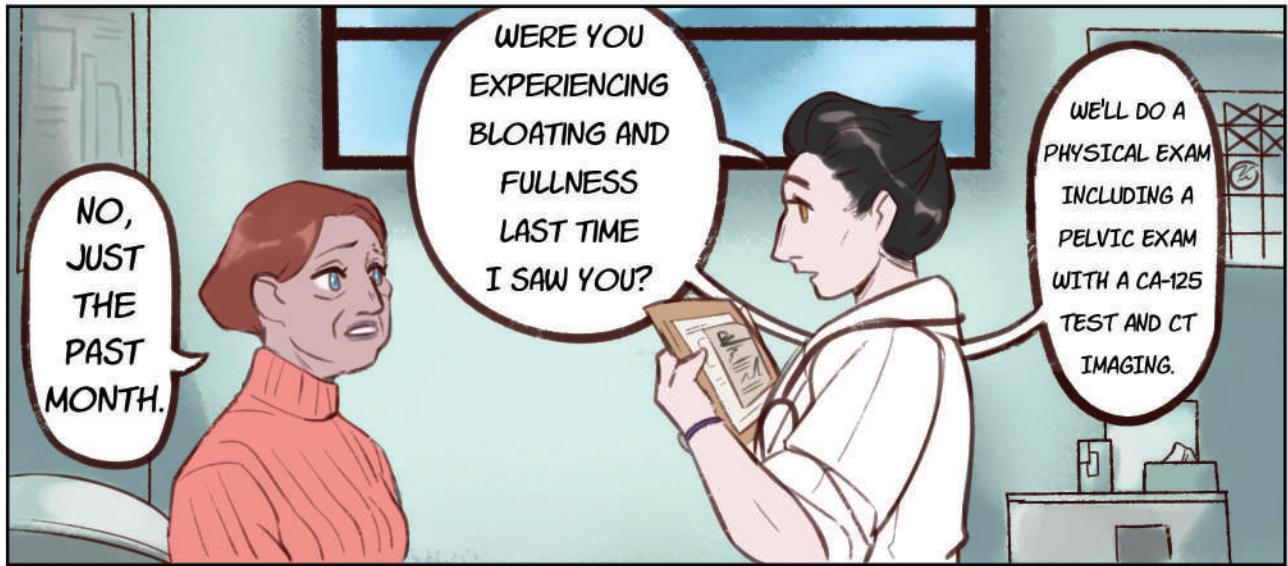
MAYBE YOU SHOULD SEE DR. TAYLOR SOONER THAN YOUR APPOINTMENT.



SIGH

FOR BLOATING?

WHAT IF I'M HAVING A RECURRENCE?



NO, JUST THE PAST MONTH.

WERE YOU EXPERIENCING BLOATING AND FULLNESS LAST TIME I SAW YOU?

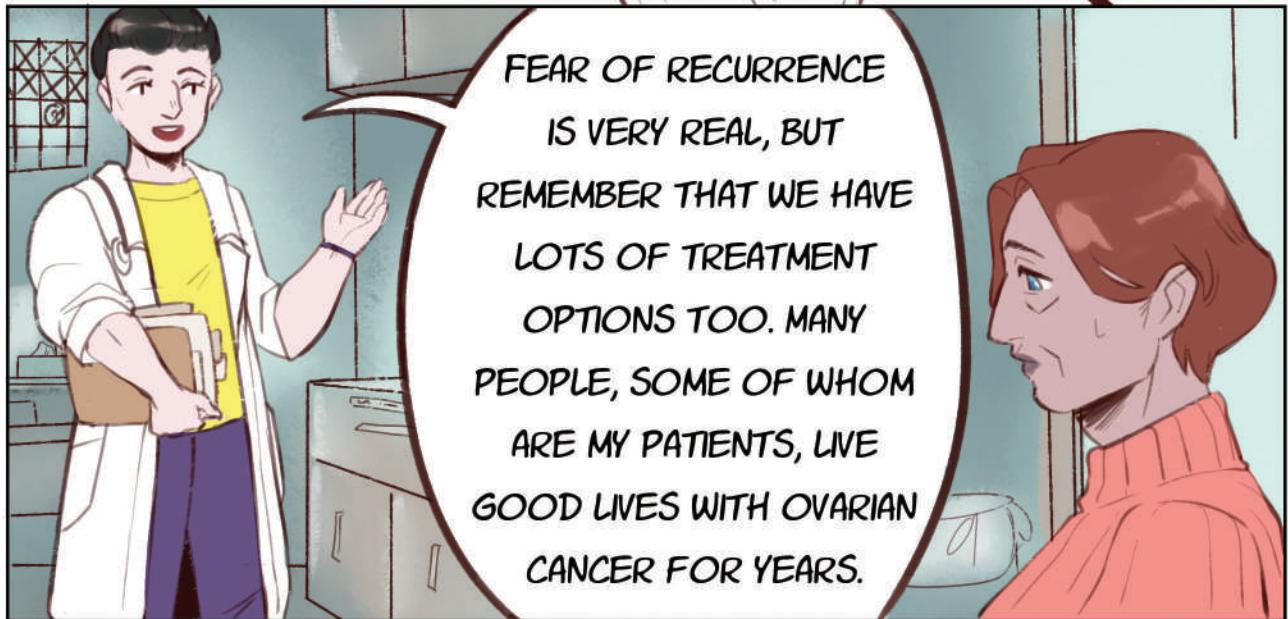
WE'LL DO A PHYSICAL EXAM INCLUDING A PELVIC EXAM WITH A CA-125 TEST AND CT IMAGING.



WHEN I WAS FIRST DIAGNOSED, I COULDN'T BELIEVE IT. I HAD NO FAMILY HISTORY OF CANCER. I'M SO SCARED THESE NEW SYMPTOMS MIGHT BE A RECURRENCE.

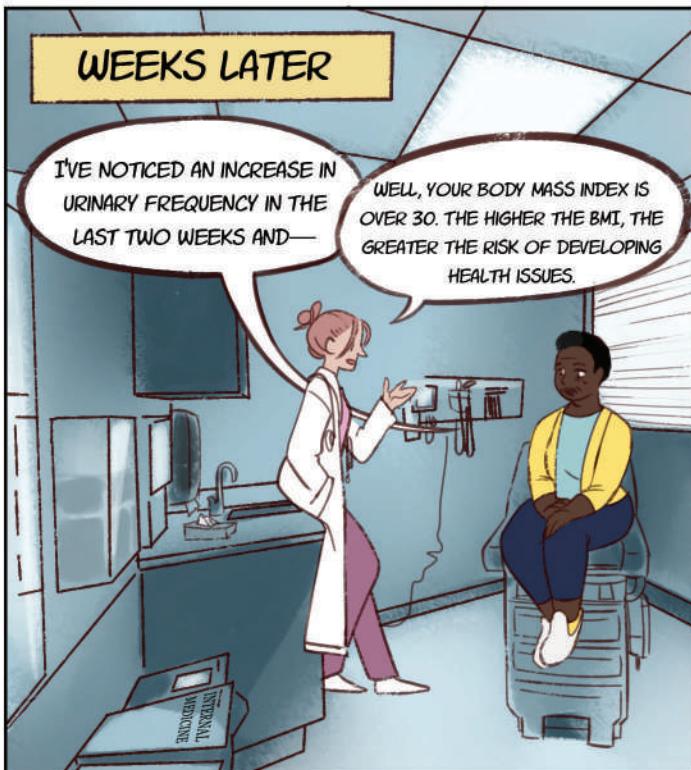
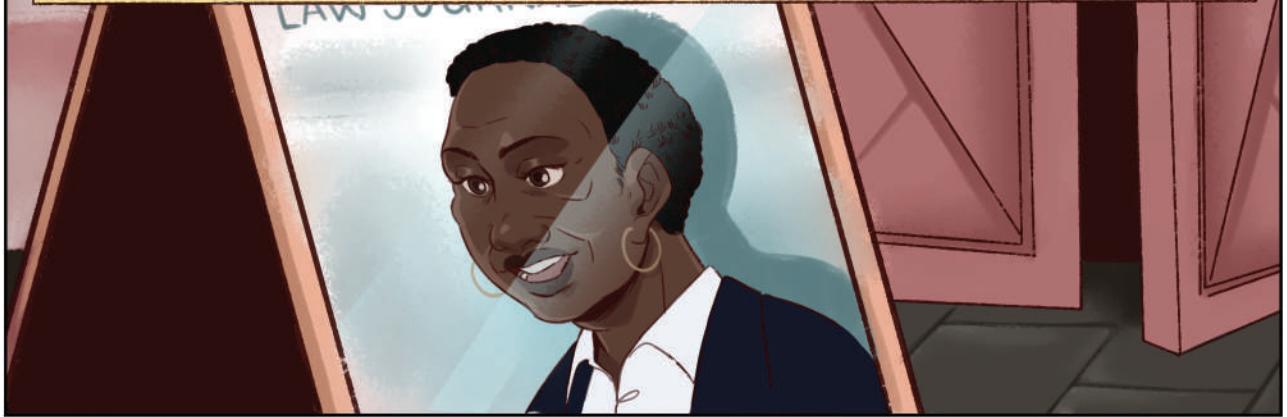


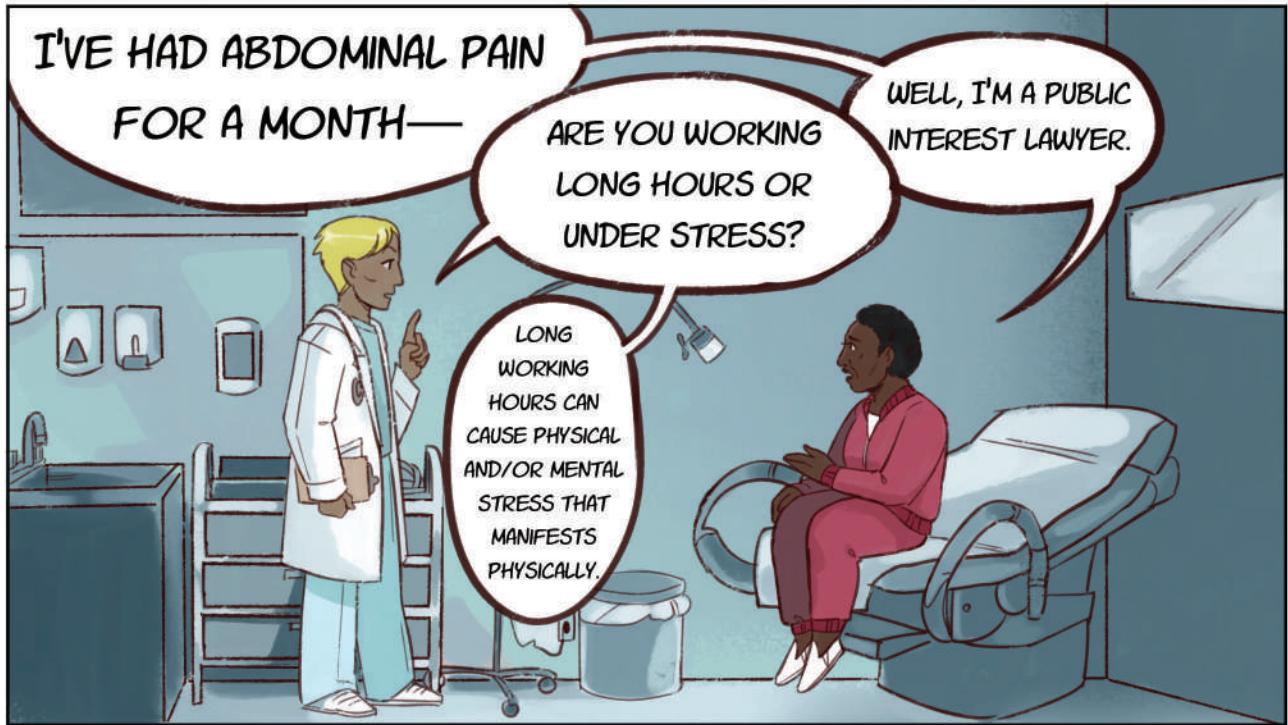
I DON'T WANT TO LOSE MY HAIR AGAIN. IT'S JUST GROWN BACK TO A LENGTH I LIKE.



FEAR OF RECURRENCE IS VERY REAL, BUT REMEMBER THAT WE HAVE LOTS OF TREATMENT OPTIONS TOO. MANY PEOPLE, SOME OF WHOM ARE MY PATIENTS, LIVE GOOD LIVES WITH OVARIAN CANCER FOR YEARS.

# AT A WOMEN LAWYERS LUNCHEON...





I'VE HAD ABDOMINAL PAIN FOR A MONTH—

ARE YOU WORKING LONG HOURS OR UNDER STRESS?

WELL, I'M A PUBLIC INTEREST LAWYER.

LONG WORKING HOURS CAN CAUSE PHYSICAL AND/OR MENTAL STRESS THAT MANIFESTS PHYSICALLY.



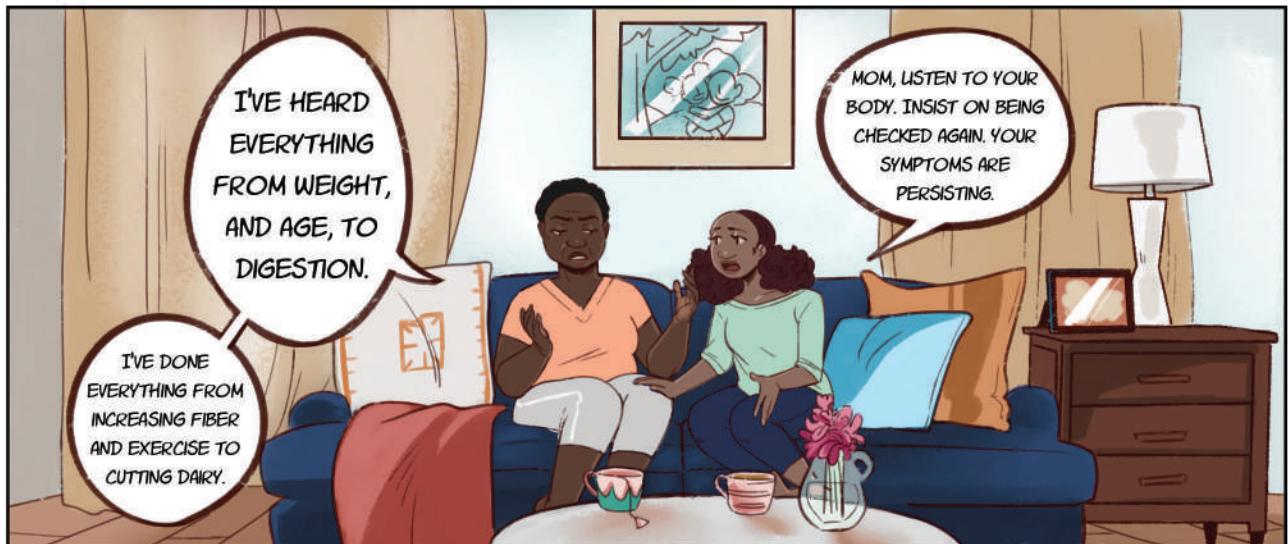
HALF-DAY TODAY ?

VERY FUNNY. AFTER 18 YEARS OF FULL DAYS, YOU'LL GET HALF-DAYS TOO. SEE YOU TOMORROW.



I'VE BEEN HAVING ABDOMINAL PAIN FOR TWO MONTHS—

THAT'S THE MOST COMMON COMPLAINT FOR IBS. DOES IT START SHORTLY AFTER EATING AND GO AWAY AFTER A BOWEL MOVEMENT?



I'VE HEARD EVERYTHING FROM WEIGHT, AND AGE, TO DIGESTION.

MOM, LISTEN TO YOUR BODY. INSIST ON BEING CHECKED AGAIN. YOUR SYMPTOMS ARE PERSISTING.

I'VE DONE EVERYTHING FROM INCREASING FIBER AND EXERCISE TO CUTTING DAIRY.



I'M SORRY  
TO SAY THAT  
YOUR SURGERY  
REVEALED  
OVARIAN  
CANCER.

THIS CAN'T BE  
HAPPENING.

I KNOW THIS ISN'T WHAT  
YOU WANTED TO HEAR, BUT  
WE CAUGHT IT EARLY WHICH  
IS VERY LUCKY INDEED.

SOME WOMEN EXPERIENCE VAGUE SYMPTOMS BEFORE DIAGNOSIS SUCH AS BLOATING, ABDOMINAL PAIN, AND MENSTRUAL CYCLE CHANGES. BECAUSE NO EARLY DETECTION TEST EXISTS, IT'S IMPORTANT TO REPORT NEW PERSISTENT SYMPTOMS TO YOUR MEDICAL PROVIDER.

THE STRONGEST RISK FACTOR IS A FAMILY HISTORY OF CANCER, BUT OVARIAN CANCER CAN ALSO AFFECT WOMEN WHO DON'T HAVE ANY FAMILY HISTORY.

WHILE LESS COMMON, WOMEN UNDER 50 CAN BE DIAGNOSED WITH OVARIAN CANCER. ALTHOUGH WHITE WOMEN HAVE THE HIGHEST OVARIAN CANCER INCIDENCE RATES, WOMEN OF ALL RACES AND ETHNICITIES CAN BE DIAGNOSED.



HOW AM I GOING TO PAY FOR TREATMENT WITHOUT INSURANCE FROM WORK? I'M BARELY MAKING IT SELF-EMPLOYED...

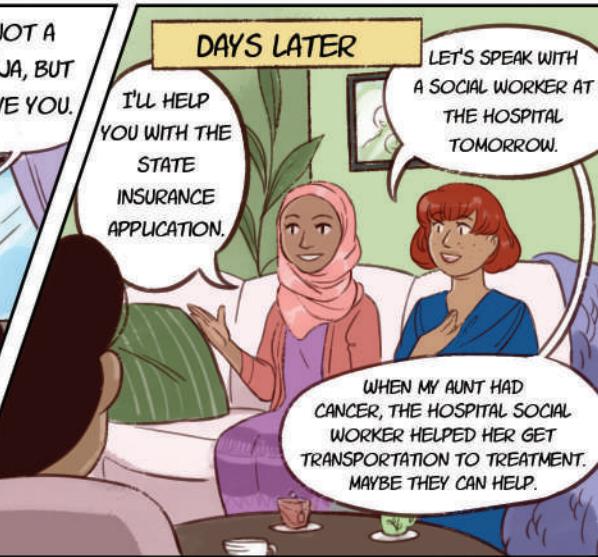


DAYS LATER

IT'S NOT A LOT MI'JA, BUT WE LOVE YOU.

WE'RE A LITTLE FAR BUT YOU'RE NOT ALONE.

YOU'RE THE STRONGEST PERSON I KNOW, SIS. YOU CAN DO THIS AND WE'RE HERE TO HELP.



DAYS LATER

I'LL HELP YOU WITH THE STATE INSURANCE APPLICATION.

LET'S SPEAK WITH A SOCIAL WORKER AT THE HOSPITAL TOMORROW.

WHEN MY AUNT HAD CANCER, THE HOSPITAL SOCIAL WORKER HELPED HER GET TRANSPORTATION TO TREATMENT. MAYBE THEY CAN HELP.



HOW WILL I ASK MY FAMILY AND FRIENDS FOR MORE HELP IF I NEED IT LATER DURING TREATMENT? THEY DO SO MUCH ALREADY.



THAT EVENING

CALL THAT HELPLINE. THEY HELPED WHEN AMÁ WAS SICK. MAYBE THEY CAN HELP YOU TOO.

SHOULD I ASK FOR MY OLD JOB? I'VE SPENT SO MUCH OF MY SAVINGS. SHOULD I GET A MEDICAL LOAN?

I FEEL SO ALONE. I'M STRESSED ABOUT MONEY. MY FRIENDS AND FAMILY ARE TRYING TO HELP BUT NOBODY KNOWS HOW THIS FEELS.



I UNDERSTAND. YOU'RE NOT ALONE.



I'M SO YOUNG, I CAN'T BELIEVE THIS HAPPENED TO ME. I HAVE MY BEST FRIEND'S BABY SHOWER IN A FEW MONTHS, BUT IT'S HARD TO FEEL HAPPY FOR HER WHEN I MAY HAVE LOST MY CHANCE TO HAVE KIDS. I'M FEELING OVERWHELMED.

I ASKED YOU TO COME IN TODAY BECAUSE UNFORTUNATELY YOUR TESTS AND SCANS SHOWED THAT YOUR OVARIAN CANCER HAS RECURRED.

I WAS WAITING FOR THE OTHER SHOE TO DROP, BUT I DIDN'T EXPECT IT SO SOON.

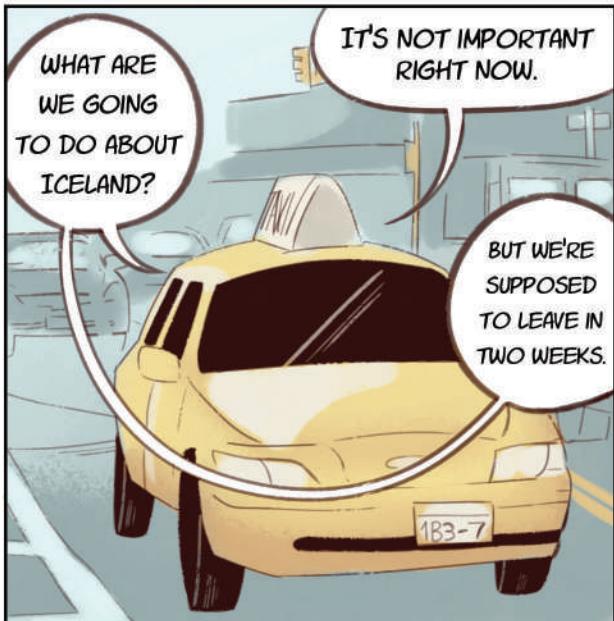
I'M SORRY. I WISH I WERE GIVING YOU BETTER NEWS. BUT WE HAVE OPTIONS. LET'S WORK TOGETHER TO FIND THE BEST TREATMENT FOR YOU.

SIGH

SYMPTOMS OF RECURRENCE INCLUDE ABDOMINAL PAIN, BLOATING, NAUSEA OR VOMITING, OR CHANGES IN BOWEL OR BLADDER HABITS. SOME WOMEN EXPERIENCE NO SYMPTOMS WHEN THEY RECUR.

ALL WOMEN DIAGNOSED WITH OVARIAN CANCER SHOULD HAVE GENETIC TESTING BECAUSE IT CAN INFLUENCE TREATMENT DECISIONS. IF A GENETIC MUTATION IS FOUND, TESTING FAMILY MEMBERS MAY SAVE LIVES.

RECURRENT OVARIAN CANCER PATIENTS CAN BE TREATED WITH CHEMOTHERAPY FOLLOWED BY MAINTENANCE THERAPY, SUCH AS PARP INHIBITORS OR OTHERS.



WHAT ARE WE GOING TO DO ABOUT ICELAND?

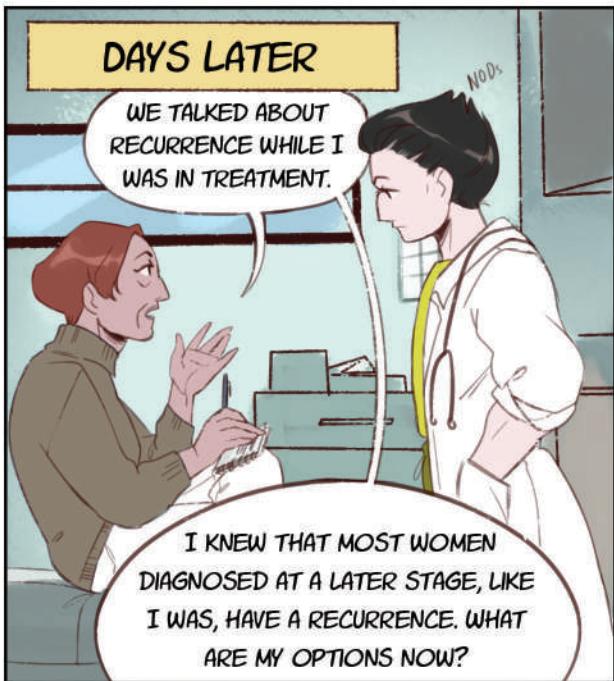
IT'S NOT IMPORTANT RIGHT NOW.

BUT WE'RE SUPPOSED TO LEAVE IN TWO WEEKS.



PAT, WILL YOU FORGET ABOUT THE TRIP? THAT'S NOT IMPORTANT RIGHT NOW.

IT IS IMPORTANT! WHAT DOES THIS MEAN FOR MY LIFE? WHAT DO I DO NOW? EVERY DAY LESS SEEMS POSSIBLE.



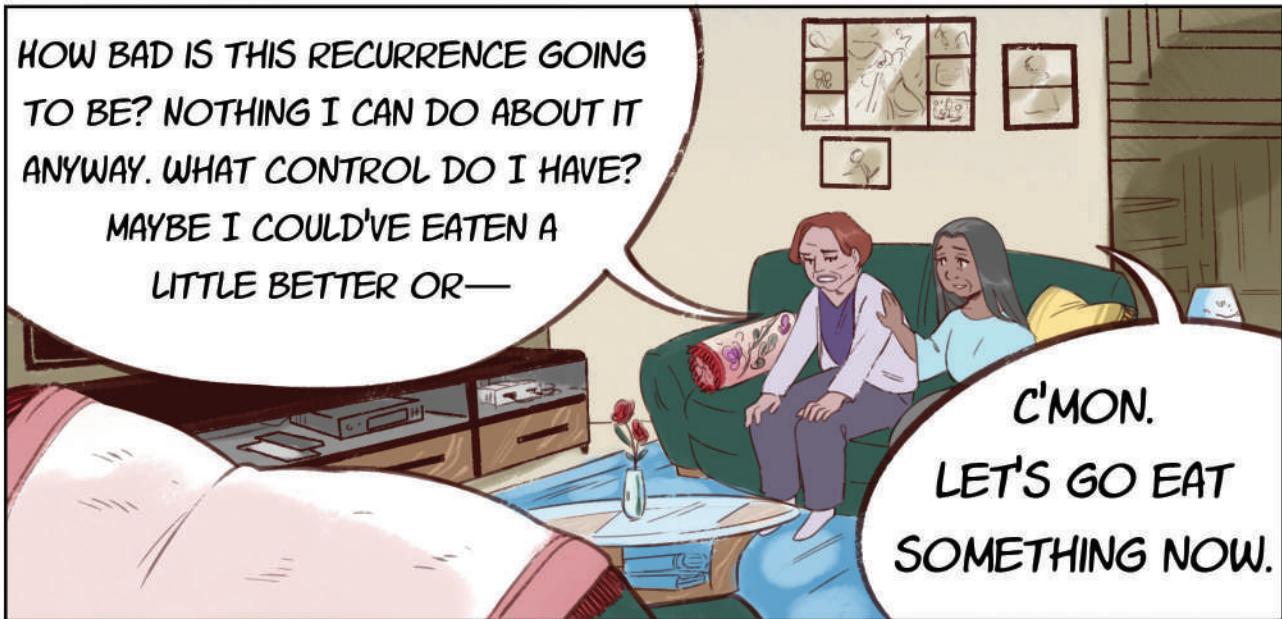
DAYS LATER

WE TALKED ABOUT RECURRENCE WHILE I WAS IN TREATMENT.

I KNEW THAT MOST WOMEN DIAGNOSED AT A LATER STAGE, LIKE I WAS, HAVE A RECURRENCE. WHAT ARE MY OPTIONS NOW?

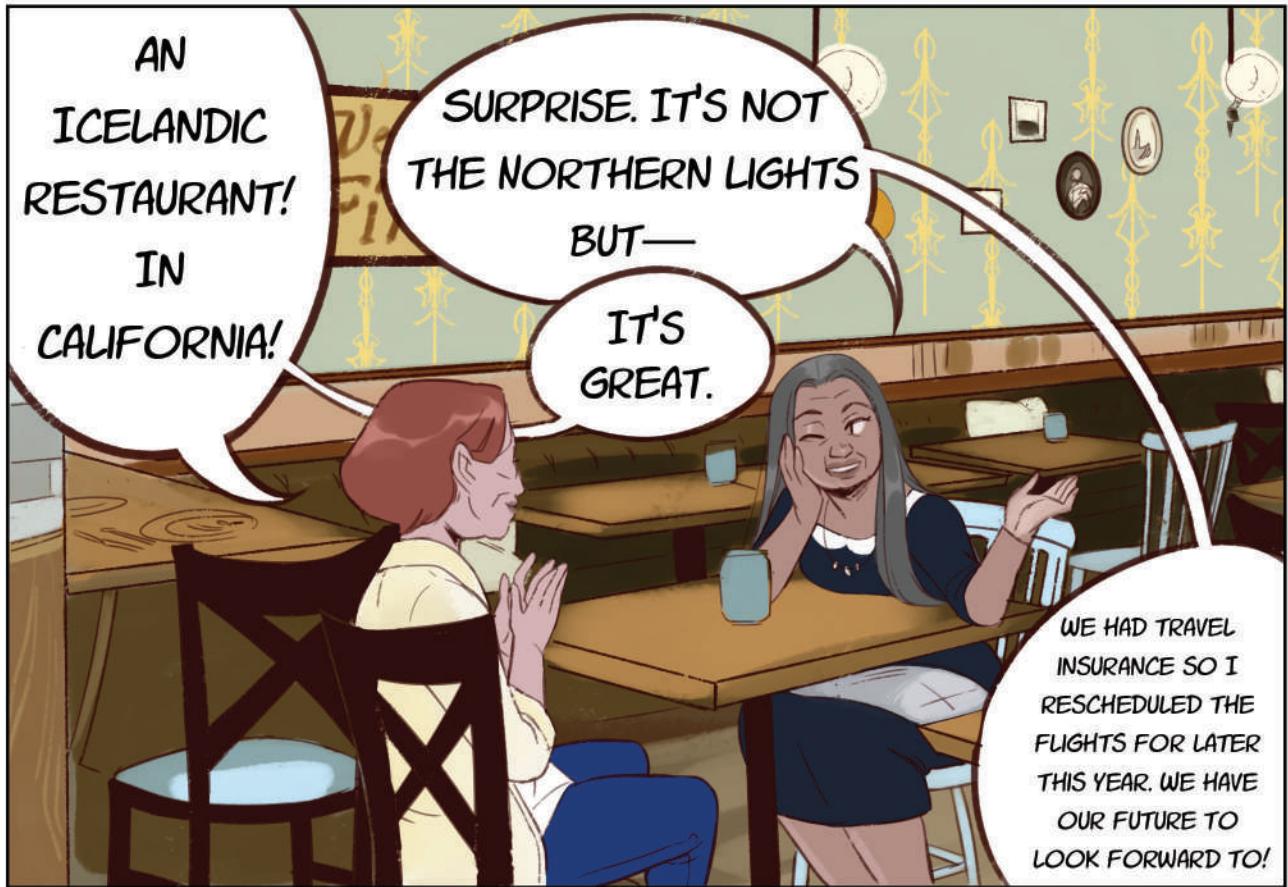


NEXT DAY



HOW BAD IS THIS RECURRENCE GOING TO BE? NOTHING I CAN DO ABOUT IT ANYWAY. WHAT CONTROL DO I HAVE? MAYBE I COULD'VE EATEN A LITTLE BETTER OR—

C'MON. LET'S GO EAT SOMETHING NOW.

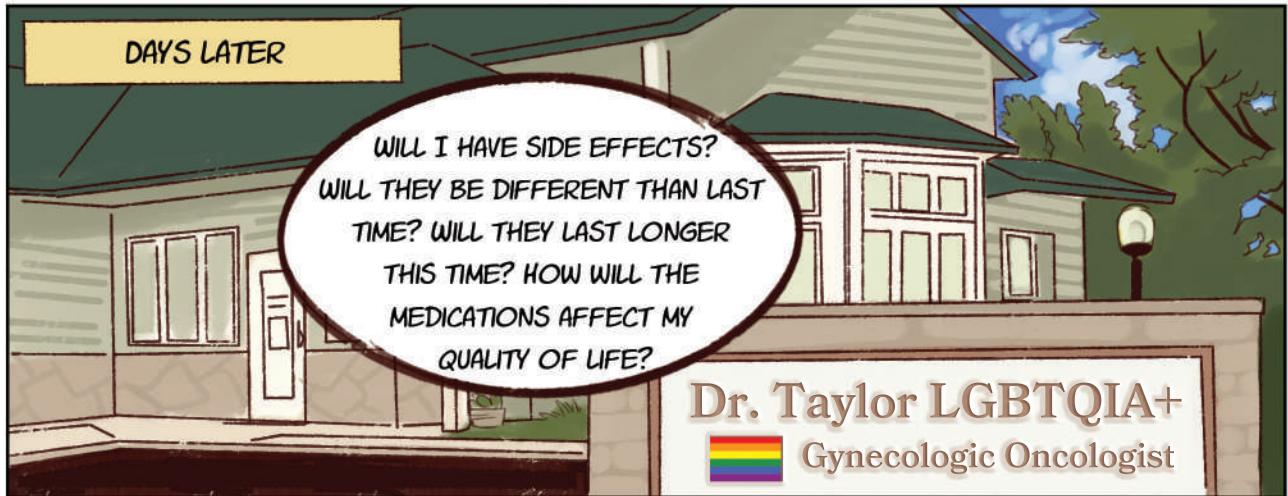


AN ICELANDIC RESTAURANT! IN CALIFORNIA!

SURPRISE. IT'S NOT THE NORTHERN LIGHTS BUT—

IT'S GREAT.

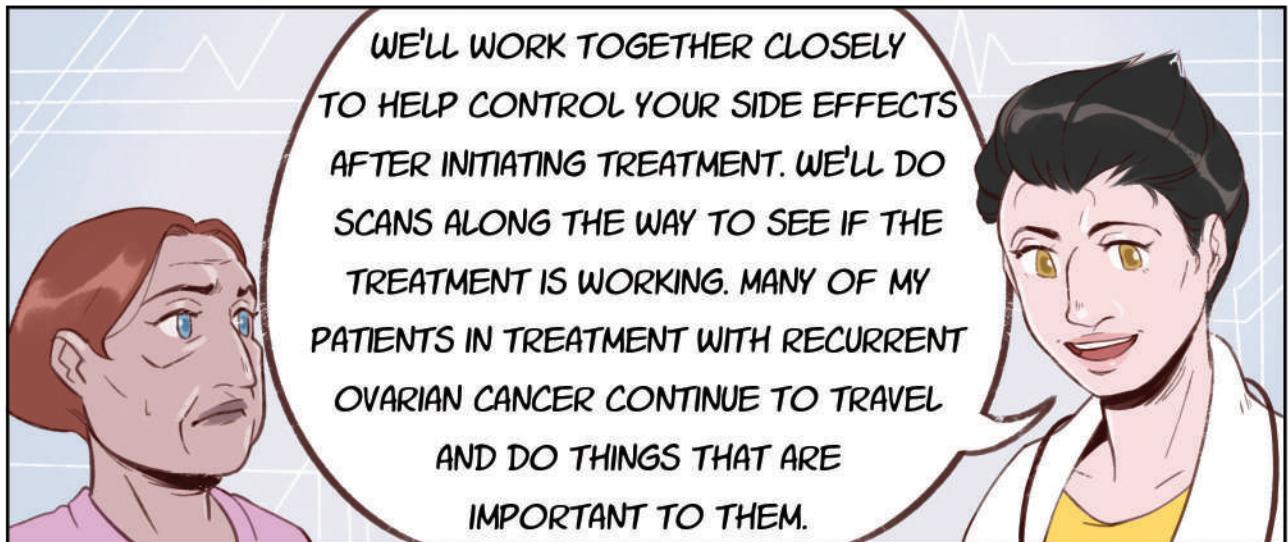
WE HAD TRAVEL INSURANCE SO I RESCHEDULED THE FLIGHTS FOR LATER THIS YEAR. WE HAVE OUR FUTURE TO LOOK FORWARD TO!



DAYS LATER

WILL I HAVE SIDE EFFECTS? WILL THEY BE DIFFERENT THAN LAST TIME? WILL THEY LAST LONGER THIS TIME? HOW WILL THE MEDICATIONS AFFECT MY QUALITY OF LIFE?

Dr. Taylor LGBTQIA+  
Gynecologic Oncologist



WE'LL WORK TOGETHER CLOSELY TO HELP CONTROL YOUR SIDE EFFECTS AFTER INITIATING TREATMENT. WE'LL DO SCANS ALONG THE WAY TO SEE IF THE TREATMENT IS WORKING. MANY OF MY PATIENTS IN TREATMENT WITH RECURRENT OVARIAN CANCER CONTINUE TO TRAVEL AND DO THINGS THAT ARE IMPORTANT TO THEM.

WHY ARE YOU BEING SO DISMISSIVE OF YOUR HEALTH? YOU'RE A FORCE ABOUT EVERYTHING ELSE.

I WENT TO THREE DIFFERENT DOCTORS! THEY GAVE ME THEIR PROFESSIONAL ADVICE AND I RESPECT IT.

IF I GAVE MY LEGAL OPINION I WOULD DESERVE THE SAME.

BUT YOU'RE STILL URINATING FREQUENTLY AND FEELING ABDOMINAL PAIN!

I'M 53 YEARS OLD. WOMEN MY AGE JUST EXPERIENCE ACHES AND PAINS.

LET'S AT LEAST FOLLOW UP WITH THE GYNECOLOGIST, SINCE IBS WAS RULED OUT.

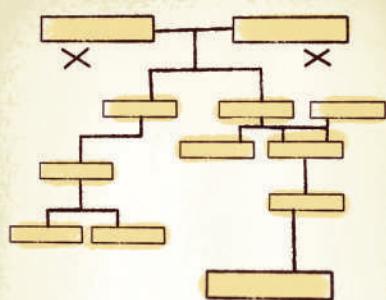
GRANDMA, DO YOU REMEMBER WHO IN OUR FAMILY HAD HEALTH PROBLEMS LIKE HEART TROUBLE OR DIABETES OR CANCER?

IN MY DAY, PEOPLE DIDN'T TALK ABOUT WHAT THEY HAD.

BUT I DO KNOW THAT MY GRANDMOTHER AND ONE OF HER SISTERS DIED FROM CANCER.

DOCTOR, MY DAUGHTER COLLECTED A FAMILY MEDICAL HISTORY AND IT INCLUDES INFORMATION I WASN'T AWARE OF BEFORE.

I'D LIKE TO REFER YOU TO A GENETIC COUNSELOR AND WE'LL ORDER SOME TESTS TO RULE OUT CANCER.



HAVING OUR FAMILY MEDICAL HISTORY HELPED ME ASK ABOUT SPECIFIC SCREENING TESTS. THIS ISN'T JUST FOR ME, IT'S FOR MY DAUGHTER TOO. OR ANY FUTURE CHILDREN IN OUR FAMILY.

THE FOLLOWING WEEK

THE RESULTS OF YOUR CA-125 BLOOD TEST CAME BACK OUTSIDE THE NORMAL RANGE, SO I'M REFERRING YOU TO A GYN ONC.

THANKS FOR COMING TODAY. I'M SORRY TO SAY THAT AFTER PERFORMING A HISTORY AND PHYSICAL EXAM INCLUDING A PELVIC EXAM AND REVIEWING YOUR CA-125 AND IMAGING STUDIES, IT APPEARS THAT YOU MIGHT HAVE OVARIAN CANCER.

WHAT?

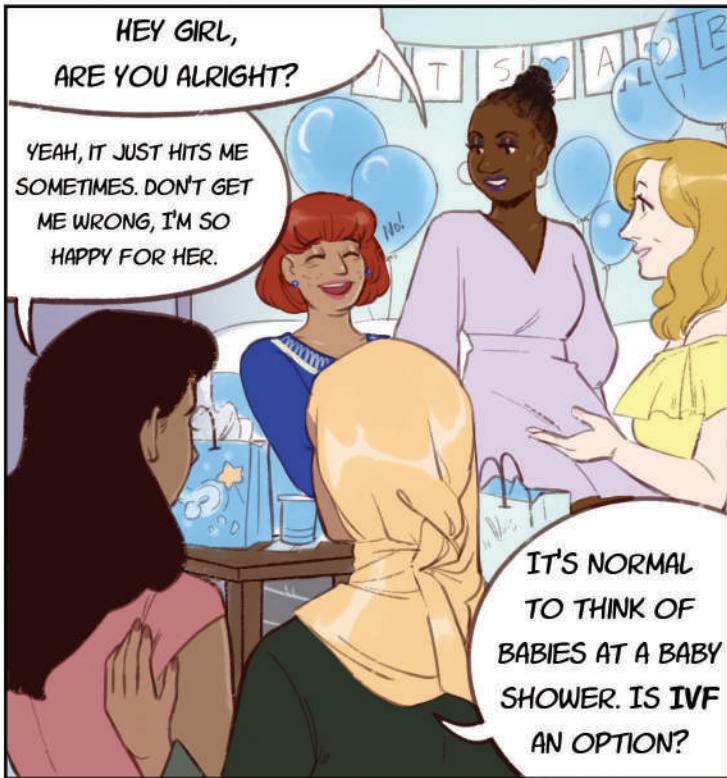
BUT I CONSULTED THREE DIFFERENT DOCTORS—

MAYBE WE SHOULD GET A SECOND OPINION.

IT'S ALWAYS A GOOD IDEA TO GET A SECOND OPINION, BUT DO IT RIGHT AWAY.

BLACK WOMEN HAVE A HIGHER MORTALITY RATE THAN WHITE WOMEN, WHO HAVE A HIGHER INCIDENCE RATE. COMPARED TO WHITE WOMEN, BLACK WOMEN EXPERIENCE A SIGNIFICANT DISADVANTAGE IN THEIR TREATMENT AND PROGNOSIS THAT IS NOT FULLY EXPLAINED BY DIFFERENCES IN AGE, STAGE AT DIAGNOSIS, EXTENT OF COMORBIDITY, SMOKING, INSURANCE STATUS, OR TREATMENT PROVIDER. WOMEN KNOW THEIR BODIES BEST. TELL YOUR DOCTOR IF SOMETHING FEELS WRONG AND THAT YOU WANT TO RULE OUT OVARIAN CANCER.

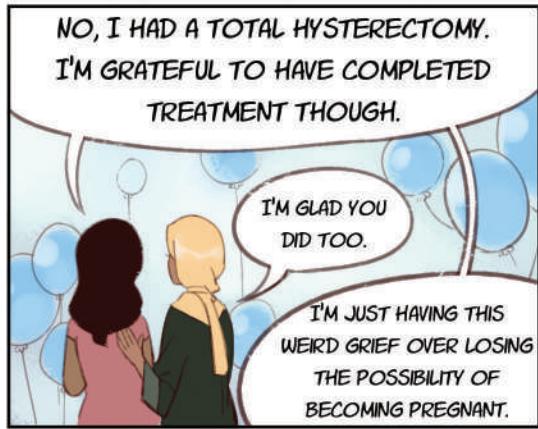
IF YOU'RE SERIOUSLY CONCERNED, TELL THE DOCTOR IT'S URGENT, INSIST ON NOT WAITING MONTHS FOR AN APPOINTMENT. SEEK OUT A SPECIALIST. IF OVARIAN CANCER IS SUSPECTED IT'S IMPORTANT TO SEE A GYNECOLOGIC ONCOLOGIST BECAUSE OF THEIR SPECIALIZED TRAINING. A GOOD DOCTOR WILL SUPPORT YOU GETTING A SECOND OPINION AND CAN EVEN GIVE YOU A REFERRAL.



HEY GIRL, ARE YOU ALRIGHT?

YEAH, IT JUST HITS ME SOMETIMES. DON'T GET ME WRONG, I'M SO HAPPY FOR HER.

IT'S NORMAL TO THINK OF BABIES AT A BABY SHOWER. IS IVF AN OPTION?



NO, I HAD A TOTAL HYSTERECTOMY. I'M GRATEFUL TO HAVE COMPLETED TREATMENT THOUGH.

I'M GLAD YOU DID TOO.

I'M JUST HAVING THIS WEIRD GRIEF OVER LOSING THE POSSIBILITY OF BECOMING PREGNANT.



I'M STILL NOT SURE IF I WANT TO BE A MOM BUT I'M OPEN TO THINKING ABOUT SURROGACY OR FOSTERING OR ADOPTION IF I GET TO THAT POINT.



SOO CUTE!

HAHA



SHARE SUPPORT GROUP

NO ONE ELSE AT THAT BABY SHOWER WAS GOING THROUGH WHAT I'M GOING THROUGH. I FEEL SO ALONE.

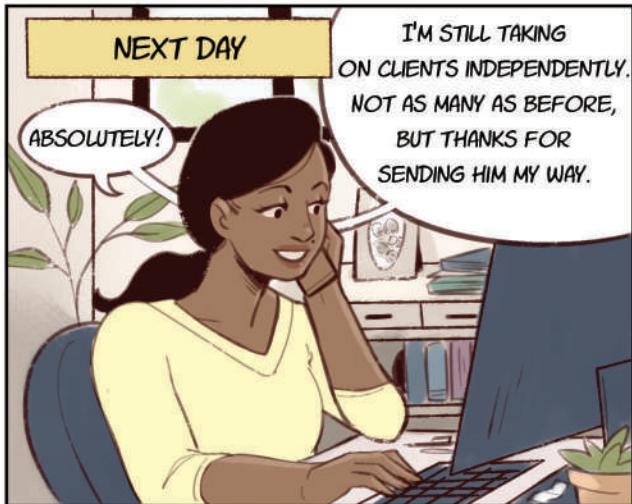


DAYS LATER

HEY THERE, ARE YOU THE NEW PART-TIME ACCOUNTANT?

I AM.

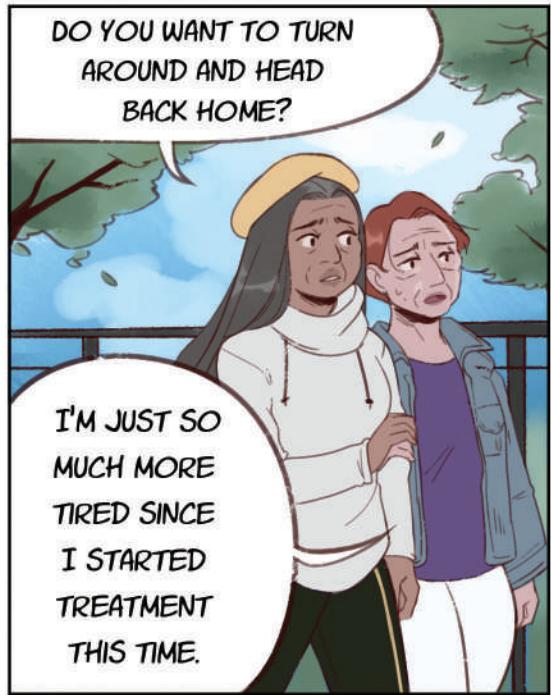
WELCOME ABOARD!



NEXT DAY

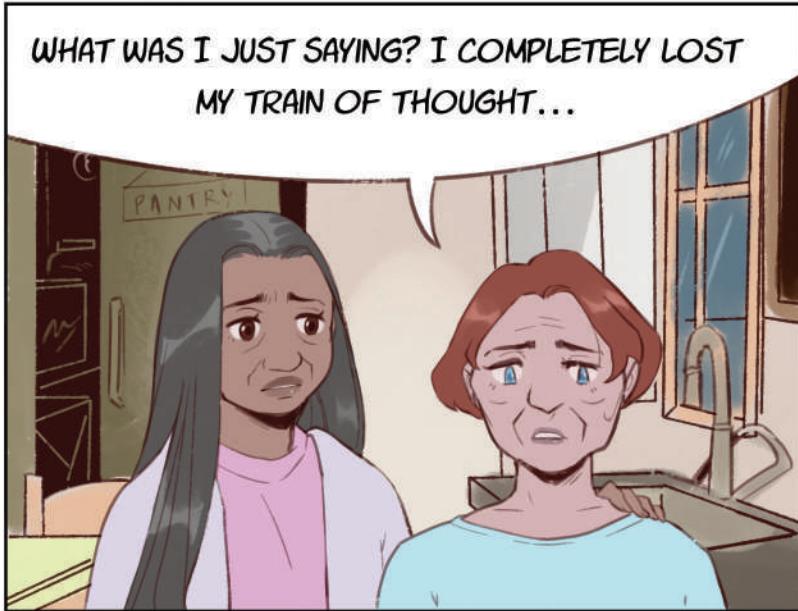
I'M STILL TAKING ON CLIENTS INDEPENDENTLY. NOT AS MANY AS BEFORE, BUT THANKS FOR SENDING HIM MY WAY.

ABSOLUTELY!

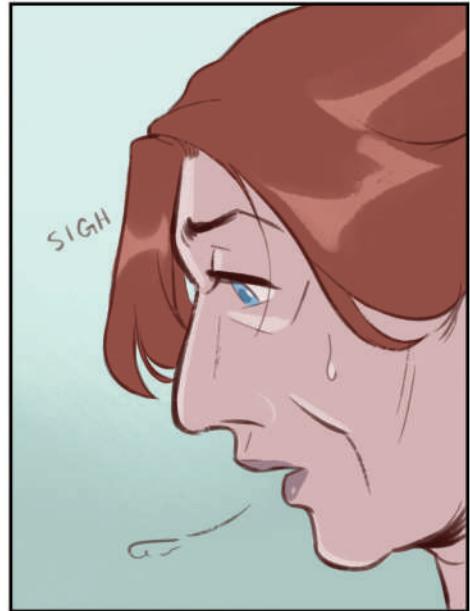


DO YOU WANT TO TURN AROUND AND HEAD BACK HOME?

I'M JUST SO MUCH MORE TIRED SINCE I STARTED TREATMENT THIS TIME.



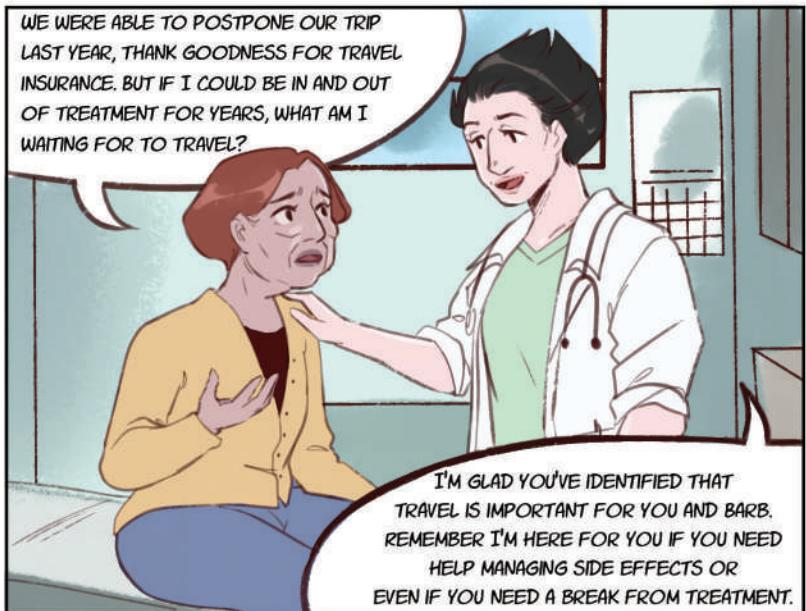
WHAT WAS I JUST SAYING? I COMPLETELY LOST MY TRAIN OF THOUGHT...



SIGH



IT'S SO DIFFERENT THIS TIME AROUND. THE FIRST TIME, TREATMENT FELT LIKE I WAS TRYING TO BEAT SOMETHING. NOW IT FEELS LIKE I'M JUST HOLDING A DISEASE AT BAY. AND IT'S FRIGHTENING!



WE WERE ABLE TO POSTPONE OUR TRIP LAST YEAR, THANK GOODNESS FOR TRAVEL INSURANCE. BUT IF I COULD BE IN AND OUT OF TREATMENT FOR YEARS, WHAT AM I WAITING FOR TO TRAVEL?

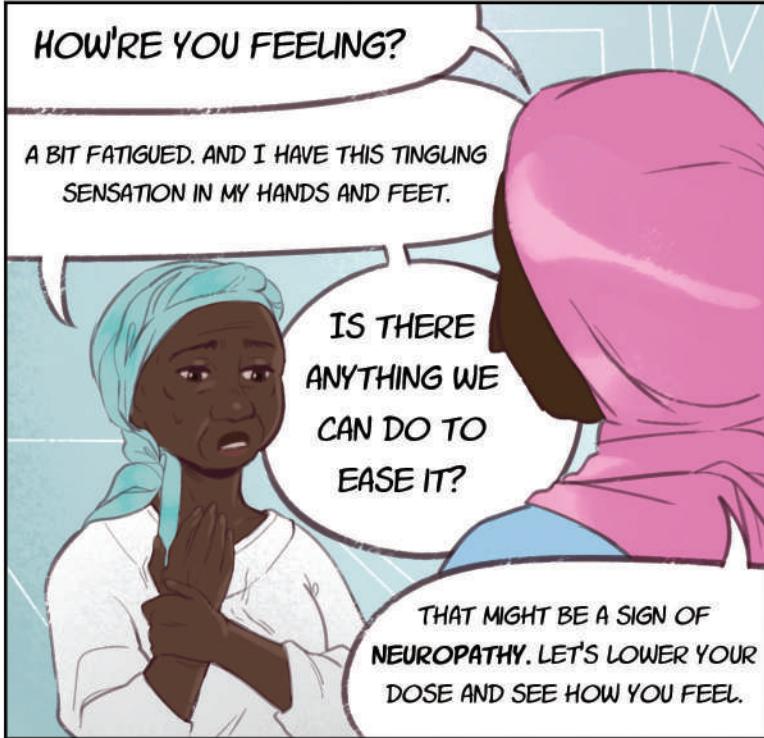
I'M GLAD YOU'VE IDENTIFIED THAT TRAVEL IS IMPORTANT FOR YOU AND BARB. REMEMBER I'M HERE FOR YOU IF YOU NEED HELP MANAGING SIDE EFFECTS OR EVEN IF YOU NEED A BREAK FROM TREATMENT.



DAY OF SURGERY



WEEKS LATER, HASINA BEGINS CHEMOTHERAPY TREATMENT



HOW'RE YOU FEELING?

A BIT FATIGUED. AND I HAVE THIS TINGLING SENSATION IN MY HANDS AND FEET.

IS THERE ANYTHING WE CAN DO TO EASE IT?

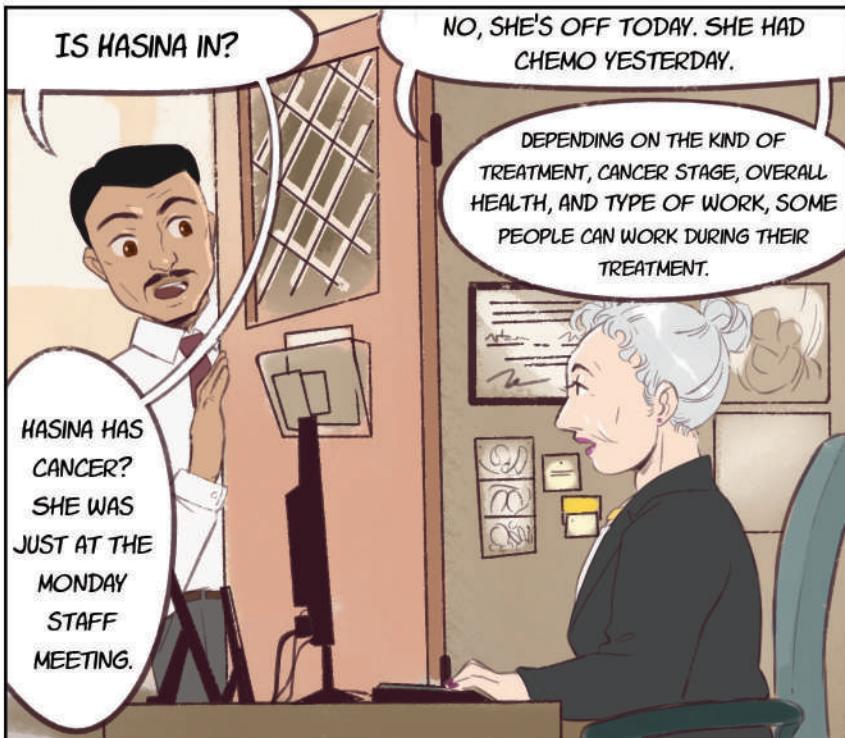
THAT MIGHT BE A SIGN OF NEUROPATHY. LET'S LOWER YOUR DOSE AND SEE HOW YOU FEEL.



THE FOLLOWING WEEK

HOW WAS THIS WEEK?

MUCH BETTER AFTER YOU ADJUSTED THE CHEMO DOSE.

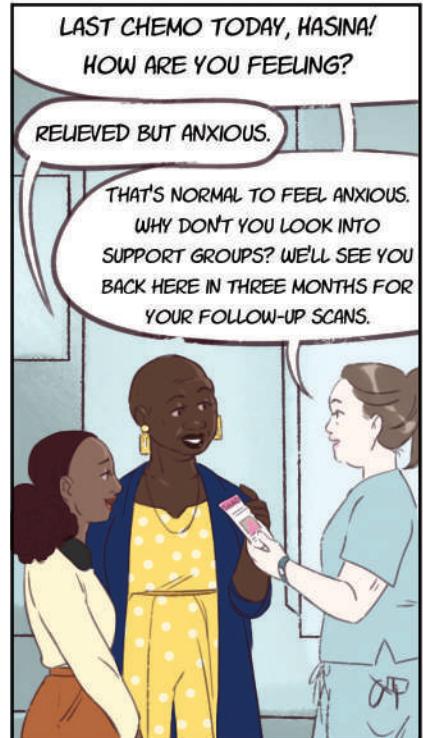


IS HASINA IN?

NO, SHE'S OFF TODAY. SHE HAD CHEMO YESTERDAY.

DEPENDING ON THE KIND OF TREATMENT, CANCER STAGE, OVERALL HEALTH, AND TYPE OF WORK, SOME PEOPLE CAN WORK DURING THEIR TREATMENT.

HASINA HAS CANCER? SHE WAS JUST AT THE MONDAY STAFF MEETING.



LAST CHEMO TODAY, HASINA! HOW ARE YOU FEELING?

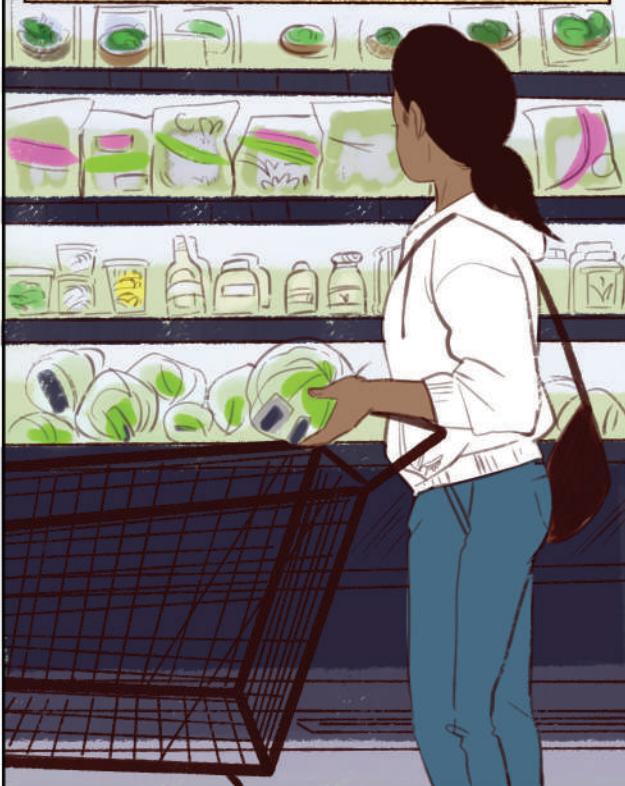
RELIEVED BUT ANXIOUS.

THAT'S NORMAL TO FEEL ANXIOUS. WHY DON'T YOU LOOK INTO SUPPORT GROUPS? WE'LL SEE YOU BACK HERE IN THREE MONTHS FOR YOUR FOLLOW-UP SCANS.

GENETIC TESTING TO FIND OUT IF THEY ARE MUTATION CARRIERS IS IMPORTANT FOR ALL WOMEN DIAGNOSED WITH OVARIAN CANCER AND THEIR FAMILY MEMBERS. ARMED WITH THIS KNOWLEDGE FAMILY MEMBERS CAN TAKE ACTION TO REDUCE THEIR RISK OF DEVELOPING OVARIAN CANCER.



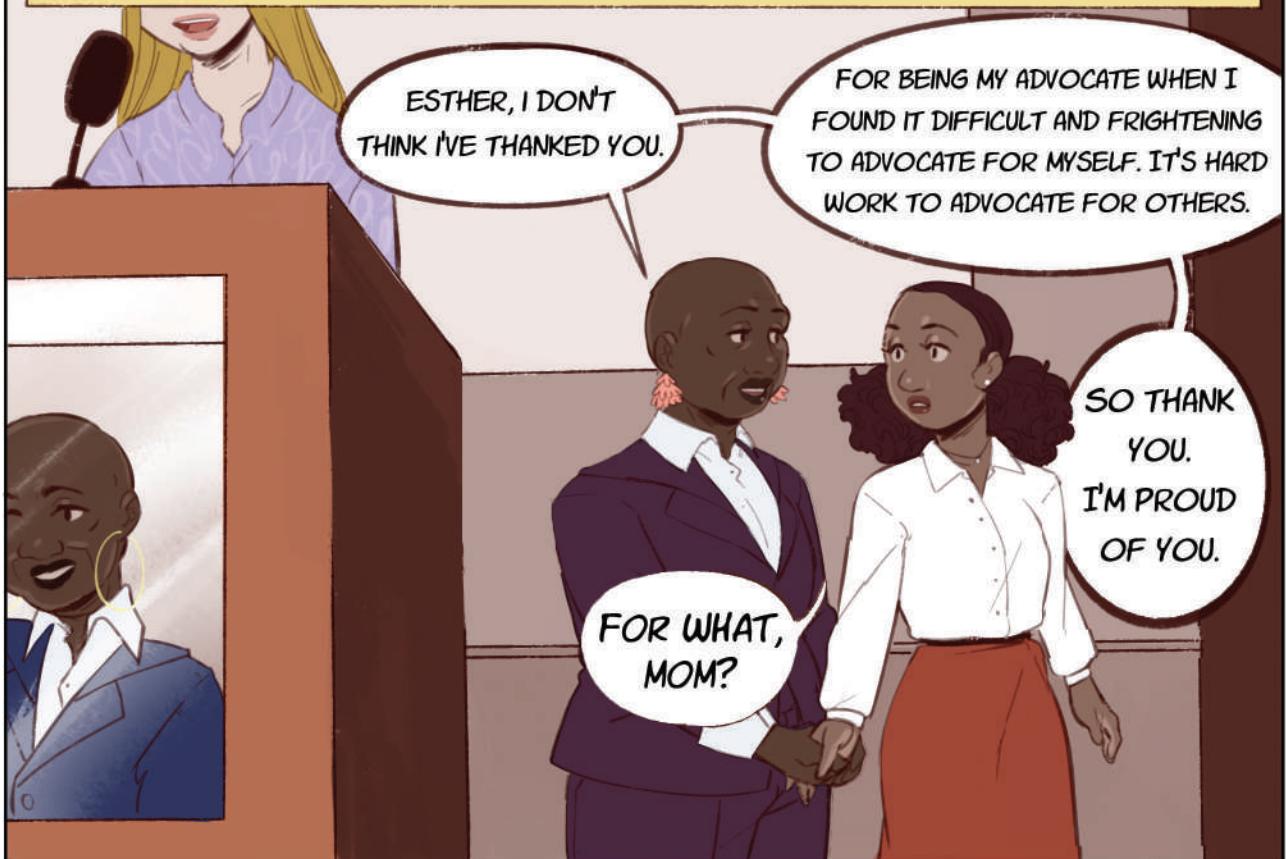
WEEKS LATER NEW MEXICO



MEANWHILE, IN ICELAND



PERSIST: AN OVARIAN CANCER PRESENTATION



# Glossary

**BRCA.** Two tumor suppressor genes (BRCA1 and BRCA2) that in mutated form tend to be associated with an increased risk of certain cancers, especially breast and ovarian cancers.

**CA-125.** A protein that may be found in high amounts in the blood of patients with ovarian cancer. The CA-125 test is among the blood tests that a doctor may order if ovarian cancer is suspected, but it is not a screening test.

**CT-Scan.** A special type of x-ray that can provide cross sectional and 3 dimensional images of organs.

**Endometriosis.** The presence and growth of functioning endometrial tissue in places other than the uterus that often results in severe pain and infertility.

**Fertility Preservation.** The process of saving or protecting eggs, sperm, or reproductive tissue so that a person can use them to have biological children in the future.

**Fibroid.** A benign tumor that consists of fibrous and muscular tissue, typically developing in the wall of the uterus.

**Genetic Counselor.** A specially trained health professional who helps patients understand gene changes that are related to disease.

**Gynecologic Oncologist.** A specialist trained in the care of women with gynecologic cancers. They are the only specialists trained to perform gynecologic cancer surgery and administer chemotherapy for the management of gynecological cancers.

**Ovarian Cyst.** A fluid filled sac with distinct membranes that develops every month prior to menses. These are called functional cysts and are benign, but in some cases can become malignant over time.

**Hysterectomy.** A surgery to remove the uterus.

**IBS or Irritable Bowel Syndrome.** A chronic disorder of the colon that is characterized by diarrhea or constipation or diarrhea alternating with constipation, abdominal pain or discomfort, abdominal bloating, and passage of mucus in the stool.

**IVF or In Vitro Fertilization.** Fertilization of an egg in a laboratory dish or test tube.

**Lynch Syndrome.** A type of inherited cancer syndrome associated with a genetic predisposition to certain cancer types, particularly colorectal and uterine cancers.

**Maintenance Therapy.** Treatment given to help keep cancer from returning after an initial therapy. It may include treatment with drugs, vaccines, or antibodies that kill cancer cells, and it may be given long term.

**NED.** No Evidence of Disease (NED) is a term used with cancer when there is no evidence of the disease on physical examination or laboratory analyses after treatment, which may include both imaging tests and biomarkers. Typically a CT scan or similar imaging test and the CA-125 tumor marker used routinely to monitor patients during follow up will both be within normal limits. NED means complete clinical remission or complete response to treatment; ovarian cancer is tricky and the recurrence rate is high if it is diagnosed at a late-stage. However, some women diagnosed at later stages remain NED for more than a decade and often are considered cured.

**Neuropathy.** A nerve condition that causes pain, tingling, and numbness in the hands and feet.

**Oncologist.** A doctor who specializes in the treatment of cancer.

**PARP Inhibitors.** A targeted therapy that blocks a protein in cells (PARP) that helps repair damaged DNA.

**Pelvic Exam.** An internal physical exam of the pelvis, the area between the hip bones.

**Rectovaginal Exam.** A gynecological exam used to supplement a pelvic exam that includes a rectal exam.

**Transvaginal Ultrasound.** A type of pelvic ultrasound used by doctors to examine reproductive organs, including the uterus, fallopian tubes, ovaries, cervix, and vagina.

# Welcome to SHARE!

If you've been recently diagnosed with ovarian cancer,  
or if you're a survivor, we're here to help you.

## **Toll Free Helpline: 866.537.4273**

Have any questions or concerns, or just want to talk?  
SHARE's trained Helpline volunteers  
have been diagnosed with and treated for ovarian cancer.  
We stay up-to-date on current research and treatments and are here to listen.  
We answer seven days a week.

## **Ovarian Cancer Educational Programs & Webinars**

SHARE's educational programs are designed to give you the information  
you need to understand your diagnosis, treatment options, and ask good questions.  
Experts in ovarian cancer treatment, research, wellness,  
and mental health share their knowledge and address your concerns.

## **Ovarian Cancer Support Groups**

Share your thoughts and feelings in support groups, led by specially trained facilitators  
who have personal experience with ovarian cancer. In groups for the newly diagnosed,  
those experiencing a recurrence and women who are post-treatment,  
we support each other, and share tips, laughter, and tears.

For more information about everything SHARE  
can do for you visit [www.sharecancersupport.org](http://www.sharecancersupport.org)

**SHARE is here for you and all of our services are free.**

# PERSISTENCE PAYS

## AN OVARIAN CANCER GUIDE

FUNDING AND SUPPORT  
PROVIDED BY



### CREDITS:

CREATOR: IVIS FEBUS-SAMPAYO

WRITTEN BY: GLENDALIZ CAMACHO

ILLUSTRATED BY: SABRINA DUARTE



SHARE is a national nonprofit that was created to support, educate, and empower women affected by breast, ovarian, uterine or metastatic breast cancer.

If you have concerns about, or have been diagnosed with ovarian cancer, or if you're an ovarian cancer survivor, we are here to help you — and all of our services are *free!*

DEDICATED EXPERIENCED SUPPORT

# SHARE

sharecancersupport.org

SHARE CANCER SUPPORT

TOLL-FREE 844-ASK-SHARE (844-275-7427)

SHARECANCERSUPPORT.ORG

### SHARE STAFF AND VOLUNTEER CONTRIBUTORS:

Andrea Herzberg, Annie Ellis,  
Elizabeth Johnston, Jennie Santiago,  
Judi Gordon, Maria Teresa Estrella,  
Mary Brown, Nefa-Tari Moore,  
Olympia Cepeda, Patricia Alcivar,  
Maggie Nicholas-Alexander, Lisbeth Paulino